



Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

Complete if Known

Application Number	10/729,363
Filing Date	December 5, 2003
First Named Inventor	Fernando Stroppiana
Examiner Name	Norca Liz Torres-Velazquez
Art Unit	1771
Attorney Docket No.	670091.402

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 450**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☐ Charge any additional fee(s) or underpayments☒ Charge any underpayments or credit any overpayments

of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
27	-34 or HP = 0	X	_____	Fee (\$)
				Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	-3 or HP = 0	X	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	-100 = _____	/50 = _____ (round up to a whole number)	x _____	_____

4. OTHER FEE(S)

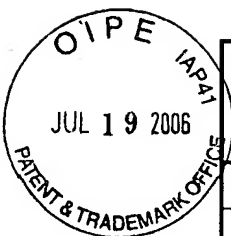
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time (2 months)

450

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	31,153	Telephone	206-622-4900
Name (Print/Type)	David V. Carlson	Date	July 19, 2006		


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number
670091.402

FY 2005
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number 10/729,363

Filed December 5, 2003

For SYNTHETIC MATERIAL SHEET FOR STABILIZING COVERINGS

Art Unit
1771

Examiner
Norca Liz Torres-Velazquez

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<u>\$450</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-1090. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration No. 31,153
☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____

Signature

David V. Carlson

Typed or printed name

July 19, 2006

~~07/24/2006~~ ~~BA5RAH1 00000055 10/29383~~

Date

01 FC:1252

206-622-4900

Telephone Number

450.00 OP

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.